

2010

FAIRFAX SWIMMING POOL, INC. New Member Referral



NAME OF REFERRING STOCKHOLDER(S)	REFERRING STOCK CERT. #	REFERRAL HOME PHONE NO.
NAME OF APPLICANT(S) / NEW STOCKHOLDER(S)	NEW STOCK CERTIFICATE #	APPLICANT HOME PHONE NO.
STREET ADDRESS	REFERRAL DATE	APPLICANT E-MAIL ADDRESS #1
CITY, STATE and ZIP CODE	*EMERGENCY PHONE NO. REQ'D*	APPLICANT E-MAIL ADDRESS #2

Please identify family and other adult members, below:

FAMILY MEMBERS	DATE OF BIRTH	OTHER ADULT MEMBERS	DATE OF BIRTH

STOCK PURCHASE and FEE CALCULATIONS

Stock purchase (<i>Please provide 4x6 family photo</i>)	\$ 300.00
2010 Operating fee	\$ 135.00
Additional Adult Members @ \$20.00 Each • For each additional person 21 years of age or older, including married household occupants under 21 years of age. Excludes all children of members living at home, regardless of age.	\$.00
2010 Guest Pass Fees • ****Annual allotment to paid stockholders: 8 passes @ no additional charge.**** • Pre-paid guest pass books— <i>include 5 guest passes @ \$20.00 per book.</i> • ****Additional pre-paid guest pass books available throughout the season.****	\$.00
TOTAL AMOUNT PAID	\$.00

Make checks payable to: FAIRFAX SWIMMING POOL, INC.

Mail checks, photo with this statement to: Fairfax Swimming Pool, Inc., P.O. Box 572, Fairfax, VA 22038

I and members of my household agree to abide by all rules and regulations of the Corporation:

APPLICANT'S SIGNATURE	REFERRING STOCKHOLDER'S SIGNATURE
MEMBERSHIP CHAIR or CORPORATE OFFICER SIGNATURE	Visit us on the Web at <i>www.fairfaxpool.com</i>
DATE _____	E-mail us at <i>fspool@fairfaxpool.com</i>